

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017898

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 6 1962

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in lb
Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Audrain County HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Audrain

c. CITY
OR TOWN MexicoInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
602 E. BolivarReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Emmett

Middle

Last
Bailey4. DATE
OF DEATH

Month

May 28, 1962

Day

Year

5. SEX
Male6. COLOR OR RACE
Negroid7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
9-20-1872 82IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Boone County, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Bill Bailey

13b. MOTHER'S MAIDEN NAME

Susan Brown

14. NAME OF HUSBAND OR WIFE

Mattie Bailey- wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

A Mrs. Mattie Bailey Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cirrhosis of liver

INTERVAL BETWEEN
ONSET AND DEATH

3 years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March, 1958 to May, 1962 and last saw him alive on May 28, 1962
Death occurred at 2 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ernest S Gault MD

22b. ADDRESS

Mexico, Mo

22c. DATE SIGNED

5-29-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

5/31/62

23c. NAME OF CEMETERY OR CREMATORY

Elmwood

23d. LOCATION (City, town, or county)

Mexico, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home Mexico, Mo.

25. DATE RECD. BY LOCAL REG.

May 29 1962

26. REGISTRAR'S SIGNATURE

Blanche Keely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Ernest S Gault MD

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5184

P. O. Address Mexico Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.